Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155198	A. BUILDING _____ B. WING _____	C 04/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARQUETTE	8140 TOWNSHIP LINE ROAD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00088270. Complaint IN00088270 - Unsubstantiated due to lack of evidence. Survey Date: April 13, 2011 Facility Number: 000105 Provider Number: 155198 AIM Number: N/A Survey Team Diana Zgonc RN TC Census Bed Type: SNF: 88 Residential: 57 Total: 145 Census Payor Type: Medicare: 24 Other: 121 Total: 145 Residential Sample: 2 Marquette Manor was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00088270. Quality review 4/14/11 by Suzanne Williams, RN	R 000		